



EMPLOYER REMITTANCE

State Form 51923 (R / 11-06) / CSB 0013
Approved by State Board of Accounts, 2006
DEPARTMENT OF CHILD SERVICES

| | |
|---------------------------------------|--------------|
| Name of employer | FEIN |
| Telephone number of employer () | |
| Date of remittance (month, day, year) | Check number |

Change of address for employer

Make checks payable to: *Indiana State Central Collection Unit*

| EMPLOYEE NAME | ISETS CASE NUMBER | EMPLOYEE SSN | CAUSE NUMBER | PAYMENT AMOUNT * |
|---------------|-------------------|--------------|--------------|------------------|
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| | | | TOTAL AMOUNT | |

* This field should be calculated based on the current income withholding order and your payroll cycles.

I.C. 31-16-15-16 requires all employers with more than 50 employees and more than one child support obligor/employee to electronically transfer child support payments. Employers can contact the Employer Maintenance Unit (EMU) for their issues concerning child support payments by phone at (317) 232-0327 or 1-800-292-0403 or by e-mail to EMU@dcs.in.gov.

COMPLETE THIS FORM AND MAIL WITH PAYMENT TO: Indiana State Central Collection Unit, P.O. Box 6219, Indianapolis, IN 46206-6219